

LAC+USC Medical Center

Public Reporting of Outcomes

Treatment of Lung Cancer at LAC+USC Medical Center

Treatment of patients with mediastinal lymph node positive Disease

- For patients with non small cell lung cancer, clinically positive nodes in the mediastinum (N2), should not be resected as the primary therapy. (NCCN v2.2016)
- Neoadjuvant therapy is an accepted standard for select patients with N2 nodes.
- The Commission on Cancer (CoC) compliance standard is 85%.
- The LAC+USC Medical Center and clinic's rate of compliance is 100% in 2011, 2012 and 2013.
- Conclusion: LAC+USC Medical Center and clinics are receiving appropriate therapy for advanced disease at a higher rate than most CoC institutions.

Timeliness of administration of systemic therapy in patients with non small cell lung cancer

- Some patients that have had all of their disease removed by surgery should get adjuvant chemotherapy. (NCCN v 2.2016)
- The Commission on Cancer's standard is to administer this adjuvant therapy within 4 months prior to surgery or within 6 months after surgery. The compliance standard for CoC institutions is 85%.
- The LAC+USC Medical Center and clinic's rate of compliance is 100% in 2011, 2012 and 2013.
- Conclusion: Patients at LAC+USC Medical Center and clinics are receiving their systemic therapy on time and at a higher rate than most CoC institutions.

Breast Cervix Colon Endometrium Gastric Lung Ovary Rectum						
Save to Excel						
Select Measures	Measure	CoC Std / %	Estimated Performance Rates (%)			Review
			2011	2012	2013	
Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement)	LNoSurg	4.5 / 85%	100.00	100.00	100.00	
Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)	LCT	4.5 / 85%	50.00	no data	100.00	